



Policy: 1050
Procedure: 1050.02
Chapter: Quality Assurance
Rule: Quality Assurance
Inspections and Formal
Audits

Effective: 08/01/2007
Replaces: 1050.02
Dated: 11/21/06

[Policy, Procedures, and Forms](#)

Purpose:

The Arizona Department of Juvenile Corrections (ADJC) engages in Quality Assurance (QA) processes designed to continuously improve the practices of the Department and be promoted and practiced by all employees. ADJC has established data collection activities which include evaluation and monitoring of the physical plants, security practices, staffing levels, educational systems, counseling services, behavior management, random evaluations of juvenile assessment practices, and case plans and examination/evaluation of the quality of services delivered to juveniles in our care.

Along with the determination of compliance to agency policy, suggestions for policy changes and evaluation of best practices and programming shall be components of monitoring and evaluation activities.

Monitoring and evaluation can take the form of formal audits, various levels of inspections, program evaluation, and any other QA activity deemed appropriate by the QA Administrator and/or ADJC Leadership members.

Rules:

1. The **QA UNIT** shall conduct inspections/audits as an ongoing QA process. The **QA TEAM** shall:
 - a. Ensure the schedules for inspections, audits and evaluations are designed with the Deputy Director's Management team;
 - b. Review appropriate policies and procedure prior to the start of a specific inspection;
 - c. Develop the schedules for monthly and bi-annual QA activities.
2. The **QA UNIT** may conduct the following type of inspections/activities:
 - a. **Incident Driven-** An inspection that results because of an incident (for example, contraband found in one area may result in an incident driven inspection in another area to determine if a problem exists);
 - b. **Self Generated-** An inspection that was not planned but was a result of something discovered while at the facility. The majority of self generated inspections are minor issues and are corrected on the spot with facility management;
 - c. **Requested Inspections-**Inspections that are a result of direct requests from ADJC employees. These could be requested by facility management, members of leadership team and others as deemed appropriate. Leadership will be advised of requests by facility management;
 - d. **Safety Inspections-**Inspections designed to address specific safety issues. This could be related to fire safety, physical plant, and other policy or state/federal regulated areas. These could be quarterly, monthly, unannounced, or incident driven. Safety inspections may require specialized training or certifications for inspectors.
 - e. **Random-**Unannounced visits conducted at various locations, dates, and times. These inspections could examine any issue;
 - f. **Follow up inspections-**Inspections scheduled to follow up on action plans, specific issues, etc;

- g. **Formal Audits**-Regularly scheduled inspections examining specific areas. Formal audits are scheduled every 6 months at each facility, followed by a 90 day follow-up audit to review outstanding issues from previous audit. A formal calendar of QA scheduled audits is kept on the intranet;
 - h. **Evaluation Activities**-Activities conducted to evaluate programming, treatment, and other rehabilitative services within ADJC. These inspections could be requested by the Leadership, scheduled with personnel in the respective area, or conducted entirely at random. Evaluation activities require a level expertise that may take more training or subject matter knowledge.
- 3. Using Department policies and procedures as a basis, the **QA UNIT** shall ensure the QA activities and formal audits include, but are not limited to:
 - a. Safety and security practices;
 - b. Documentation practices;
 - c. Behavior management practices;
 - d. Juvenile supervision;
 - e. Juvenile grievances;
 - f. Educational services;
 - g. Specialized programming;
 - h. Case plan development and review;
 - i. Suicide prevention; and
 - j. Medical and Behavioral Health Services.
- 4. Whenever possible, the **QA UNIT** shall attempt to correct the problems at the immediate level by coaching, mentoring, and teaching employees who are present during the inspection.
- 5. The **QA UNIT** shall ensure that:
 - a. Upon completion of an inspection, the **INSPECTOR** shall meet with the facility administration or his/her designees to review:
 - i. The initial findings;
 - ii. Propose recommended actions; and
 - iii. Areas or employees who were corrected or coached before the QA team left the facility.
 - b. Within 14 working days the **QA UNIT** completes an official report and submits it to:
 - i. Facility Superintendent;
 - ii. Director;
 - iii. Deputy Director;
 - iv. Deputy Director's Management Team; and
 - v. Appropriate Administrator.
- 6. The **FACILITY SUPERINTENDENT OR THE COMMUNITY CORRECTIONS PROGRAM MANAGER** shall review the QA team's findings with his/her management team.
- 7. The **QA UNIT** shall place Institutional Coordinators at each secure care facility. The function of the **INSTITUTIONAL COORDINATORS** is to coordinate QA activities at each facility and support the facility management with any other necessary QA activities. QA activities shall include, but are not limited to:
 - a. Participating in comprehensive audits, inspections and evaluation activities;
 - b. Assisting facility management with the development and tracking of corrective action plans;
 - c. Compiling QA data and sharing with facility management team;
 - d. Performing random or incident-driven inspections;
 - e. Monitoring the implementation and fidelity of programming;

- f. Participating in the secure facility based QA team;
 - g. Supporting agency initiatives as directed by QA Administrator;
 - h. Completing facility QA activities such as examining exclusion, separation, program schedules, records, and intake, etc.;
 - i. Monitoring physical plant inspections for safety compliance (fire safety, housing unit inspections, etc.);
 - j. Collecting data as required; and
 - k. Submitting weekly and monthly reports to Superintendent and QA Administrator.
8. **INSTITUTIONAL COORDINATORS** shall:
- a. Report directly to the QA Administrator;
 - b. Work with facility Superintendent to prioritize QA activities within the facility;
 - c. Lead and facilitate the facility based Quality Assurance Teams at their assigned facility;
 - d. Prioritize assignments and complete assignments;
 - e. Participate and report QA data in regularly scheduled facility management teams ; and
 - f. Inform the QA Administrator and facility Superintendent monthly concerning active work assignments and due dates.
9. During the formal audit or inspection process the **QA ADMINISTRATOR OR DESIGNEE** shall:
- a. Ensure inspectors debrief facility administration before completing inspection with findings, areas coached or corrected, and other pertinent information at the conclusion of the audit week;
 - b. Compile data submitted by QA team members;
 - c. Ensure QA team members complete a comprehensive report from the data; and
 - d. Complete a formal audit report within 10 business days after the audit.
10. The **FACILITY SUPERINTENDENT OR COMMUNITY CORRECTIONS PROGRAM MANAGER** shall submit Action Plans to the QA Administrator within five days and include:
- a. Identification of problem areas;
 - b. Analysis of problems;
 - c. Corrective action with expected outcomes in measurable terms;
 - d. Status of corrective action;
 - e. Person(s) responsible for oversight at secure facility and person or positions responsible for implementation at secure facility; and
 - f. Timelines for updating and submitting information to QA Administrator.
11. The **QA ADMINISTRATOR** shall:
- a. Acknowledge receipt of the Corrective Action Plan(s);
 - b. Ensure the plan is written using measurable outcomes; and
 - c. Schedule follow-up inspections as necessary.
12. The **QA ADMINISTRATOR** shall ensure:
- a. Outcomes have been achieved according to pre-determined criteria (from action plan and discussions with Deputy Director's Management Team) by conducting follow-up activities; and
 - b. A written report is completed within ten days of the completed follow-up activities and submitted to the Deputy Director's Management Team.
13. The **QA ADMINISTRATOR AND/OR DESIGNEE** shall update the Management and Leadership monthly during regularly scheduled meetings on the status of:
- a. QA activities;
 - b. Corrective Action Plans resulting from any comprehensive audit; and
 - c. Policy issues revealed as a result of evaluation and monitoring activities.

ADJC Procedure 1050.02 Quality Assurance Inspections and Formal Audits
Page 4 of 4

14. The **QA ADMINISTRATOR** shall:
- a. Update Deputy Director's Management Team quarterly on:
 - i. Trends;
 - ii. Recurring issues; and
 - iii. Problems emerging from QA data.
 - b. Update the Policy Unit at least quarterly with policy issues revealed in QA activities.
15. The **QA ADMINISTRATOR** shall submit a quarterly QA report to the Leadership which includes a quarterly summary of:
- a. Scheduled inspections;
 - b. Corrective Action Plans;
 - c. Follow-up audit visits;
 - d. Identification and correction of policy issues;
 - e. Identification of trends.

Effective Date:	Approved by Process Owner:	Review Date:	Reviewed By:
08/07/07	Megan M. McGlynn Ph.D.		